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COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS
150 Tremont Street
Boston, MA 02111

**BIRTH REGISTRATION
OF CHILDREN
BORN AT HOME**

GOVERNMENT DOCUMENTS
COLLECTION
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FACTS ABOUT HOME BIRTHS

It is extremely important that every child have his or her birth properly registered in a timely manner. If a birth is not registered within 365 days, the process becomes very complicated, and may cause your child difficulties throughout his or her life. If you are registering a birth that occurred more than 365 days ago, check with the city or town clerk where the birth occurred for more information.

Under Massachusetts law, there are four distinct methods for registering births:

1. Hospital Births--If a birth occurs in a hospital, the attendant at birth is responsible for reporting to the hospital administrator. The hospital administrator is then responsible for reporting to the city or town clerk where the birth occurred and to the State Department of Health.
2. Nonhospital Births Attended by a Physician--The physician is responsible for reporting to the city or town clerk where the birth occurred and to the State Department of Public Health.
3. Nonhospital Births Attended by Someone Other than a Physician--The parent(s) is(are) responsible for reporting within 40 days of the birth to the city or town clerk where the birth occurred with *appropriate documentary evidence*.
4. Nonhospital Births with Mother and/or Infant Transferred to an Inpatient Hospital for Post Natal Care--The hospital will prepare the birth certificate and forward it to the city or town clerk where the birth occurred.

For situation #3 above (a home birth not attended by a physician and where the mother and/or infant were not transferred to a hospital for post-natal care), specific evidence is required by law. These requirements are listed below.

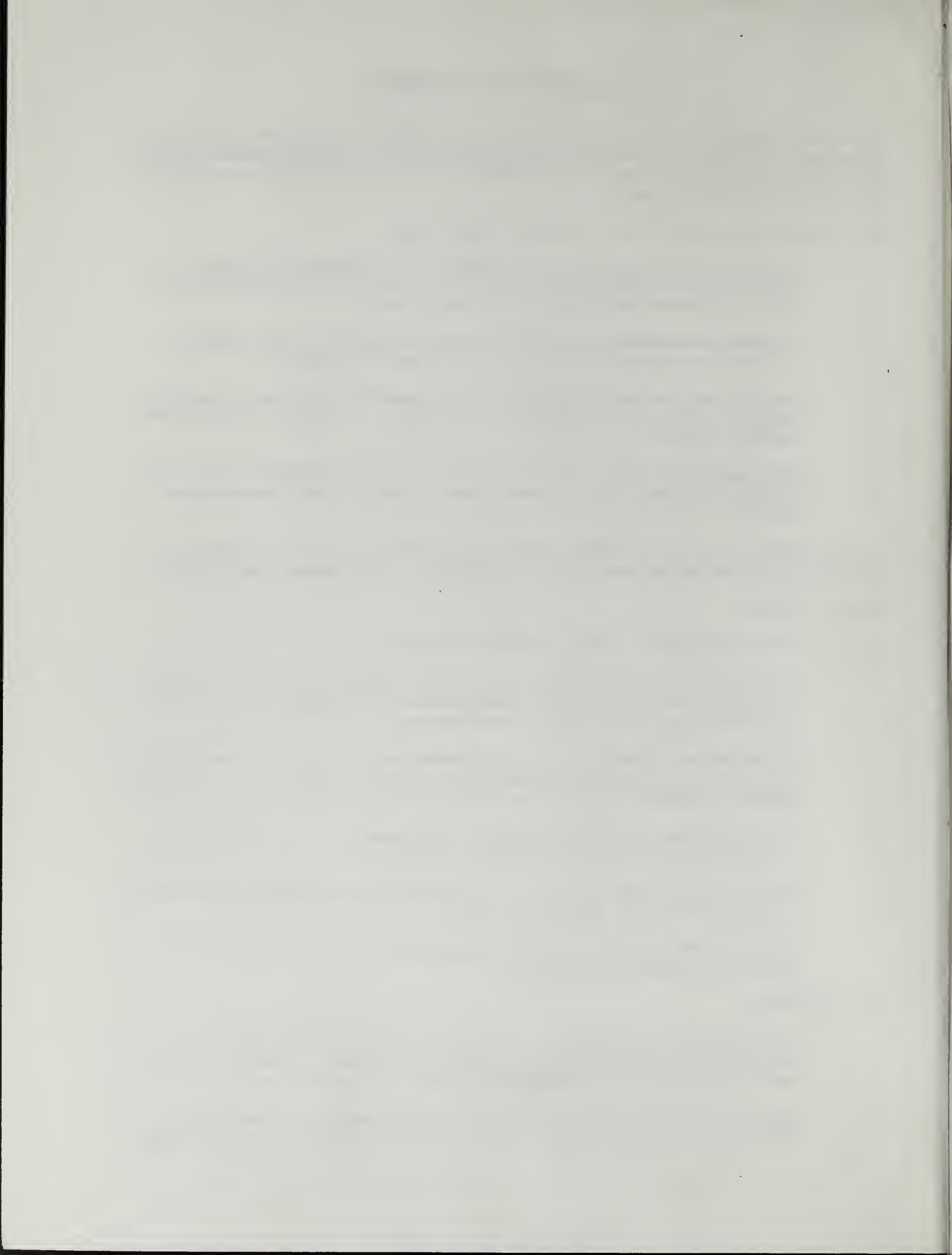
FACTS OF BIRTH:

Any one or more of the following may be used to establish the facts of the birth:

1. Notarized statement of the attendant (any attendant except the father or other close family member, for instance a non-family midwife or friend). This statement must attest to the date, time, and place of the birth as well as the sex of the child and the name of the mother.
2. If the attendant was the father or other close family member (such as the grandmother of the child, or sister or brother of the mother), a notarized statement from the attendant is required as which includes those items listed in #1 above, as well as one of the following:
 - a. If other individuals were present at the birth, a notarized statement from a witness stating that they were a witness to the birth at the specified date, time or place.
 - b. If no one else was present, notarized statements from the mother and the attendant stating the facts of the case as well as the fact that no one else was present.
3. A notarized statement from a physician who examined the child for post natal care shortly after birth stating the facts of the birth as listed in #1 above.

PLACE OF BIRTH:

1. If the birth occurred at the residence of the parents, proof of residence is required. The best items are street listing, voter registration, or assessors records for the year of the birth. If none of these are available, check with the city or town clerk where the birth occurred for more information.
2. If the birth occurred at someone else's residence, a notarized affidavit from the resident is necessary stating that the birth took place at their home and then proof of residence is necessary for that individual.

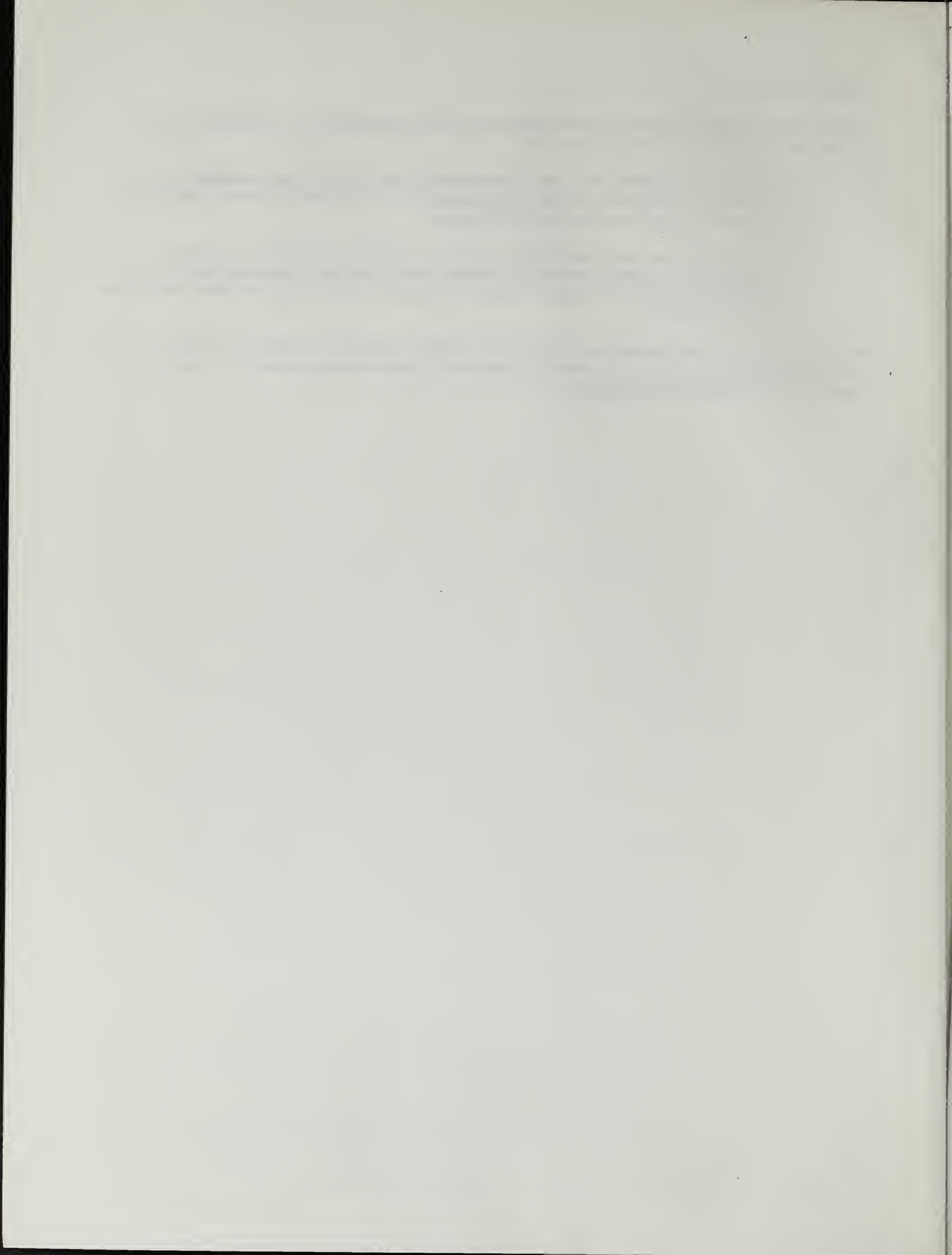


MARITAL STATUS:

Under Massachusetts law, the marital status of the parents determines the accessibility of the record as well as the method used to add father's information to the record.

1. If the parents are married to each other, a certified copy of their marriage license is required. The city or town clerk will make an attested copy of this and return it to you. If a marriage license is not available, check with the city or town clerk for more information.
2. If the parents are not married to each other, there are very specific requirements for (1) removing husband's information from the record or (2) adding father's information. (These requirements exist regardless of where the birth occurred or who attended the birth.) This process is described on page 2 of the attached Worksheet.

When you have the necessary evidence and have completed the attached worksheet, contact the city or town clerk in the community where the birth occurred to schedule an appointment to present the evidence to the clerk. The clerk will type the birth certificate for your signature(s).



WORKSHEET FOR BIRTH CERTIFICATES - HOME BIRTHS 1989**Worksheet for completion of form R-3,
Massachusetts Standard Certificate of Live Birth****CHILD**

This section should be completed by the parents.

4. **Name:** Print your baby's name as you want it to appear on the certificate. As parent(s), you have absolute choice over your child's name. You may choose whatever name you wish.

If, for example, the mother's name is Jane Brown and the father's name is John Smith, the child's last name can be Brown, Smith, Smith-Brown or any other name you wish. This freedom of choice exists regardless of the parents' marital status. This is true even if the father's name and information does not appear on the birth record. For example, if Jane Brown is unmarried and no father's information is listed on the record, she still may choose whatever name she wishes.

If both parents are listed on the record, you must jointly choose your child's name.

First	Middle	Last
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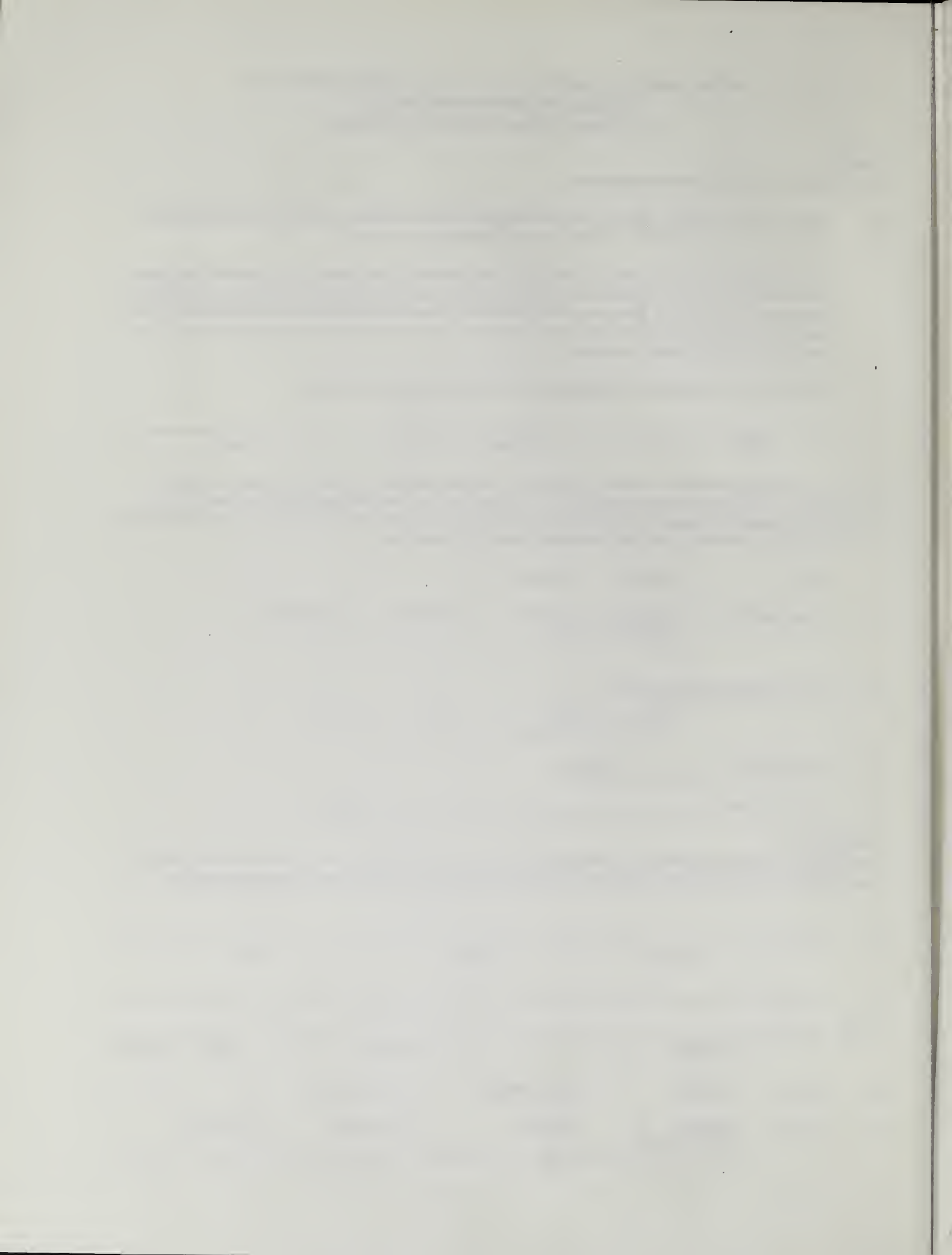
Once the certificate is completed, the name is permanently recorded and can only be changed under very limited circumstances. Additions to surnames such as Jr., Sr., 1st, 2nd, 3rd, etc., are considered part of the name. Once recorded, they cannot be changed nor can they be added at a later date. If you wish to include one in your child's name, it must be included on the birth certificate submitted to the city or town clerk.

5. **Sex:** 1[]Male 2[]Female
- 6A. **Was this birth:** 1[]Single 2[]Twin 3[]Triplet 4[]Quadruplet
5[]Other (specify): _____
- 6B. **If not single, was this child born:**
[]1st []2nd []3rd []4th
[]Other (specify): _____
7. **Time of birth:** _____ : _____ AM/PM
8. **Date of birth:** _____ / _____ /1989

CERTIFIER

These items should be completed by the attendant at birth, or other person qualified to attest to the time, place, and date of child's birth. Completion of this worksheet does not substitute for the required notarized statements.

- 9B. **Name:** _____
First Middle Last
- 9C. **License #:** _____
- 9D-G **Address:** _____
No. & Street City/Town State Zip Code
- 9I. **Type:** 1[]At Birth 2[]Post-Natal 3[]Certifier Only
- 9J. **Title:** 1[]MD/DO 2[]CNM 3[]Other RN 4[]Midwife
5[]Other (specify): _____



MOTHER OF THE CHILD

This section should be completed by the mother.

10. List the first, middle and last names currently used.

First	Middle	Last
-------	--------	------

- 10D. The last name given at birth should be completed below (maiden name). If the mother was adopted or had her name legally changed, list the name received after the adoption or legal change, even if her birth certificate did not change.

Maiden Name: _____

11. Birthplace: _____
City State/Country

12. Birthdate: _____
Month Day Year

13. Residence (DO NOT USE MAILING ADDRESS). The city or town should be the official community name. For example, Newton not West Newton.

No. & Street	City/Town	County	State	Zip Code
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17. If the mailing address is different from the residence listed above, complete below:

No. & Street	City/Town	State	Zip Code
--------------	-----------	-------	----------

43. Are you now married? ☐ Yes ☐ No
If no, were you married at the time of conception
or any time between conception and this birth? ☐ Yes ☐ No

FATHER OF THE CHILD

This item should be completed by the parents.

If the mother was married at the time the child was born or conceived (question #43 above), the father listed on the birth record must be the mother's husband. To remove the husband from the record, notarized statements must be provided by the mother and her husband denying the fact that he was the father of the child.

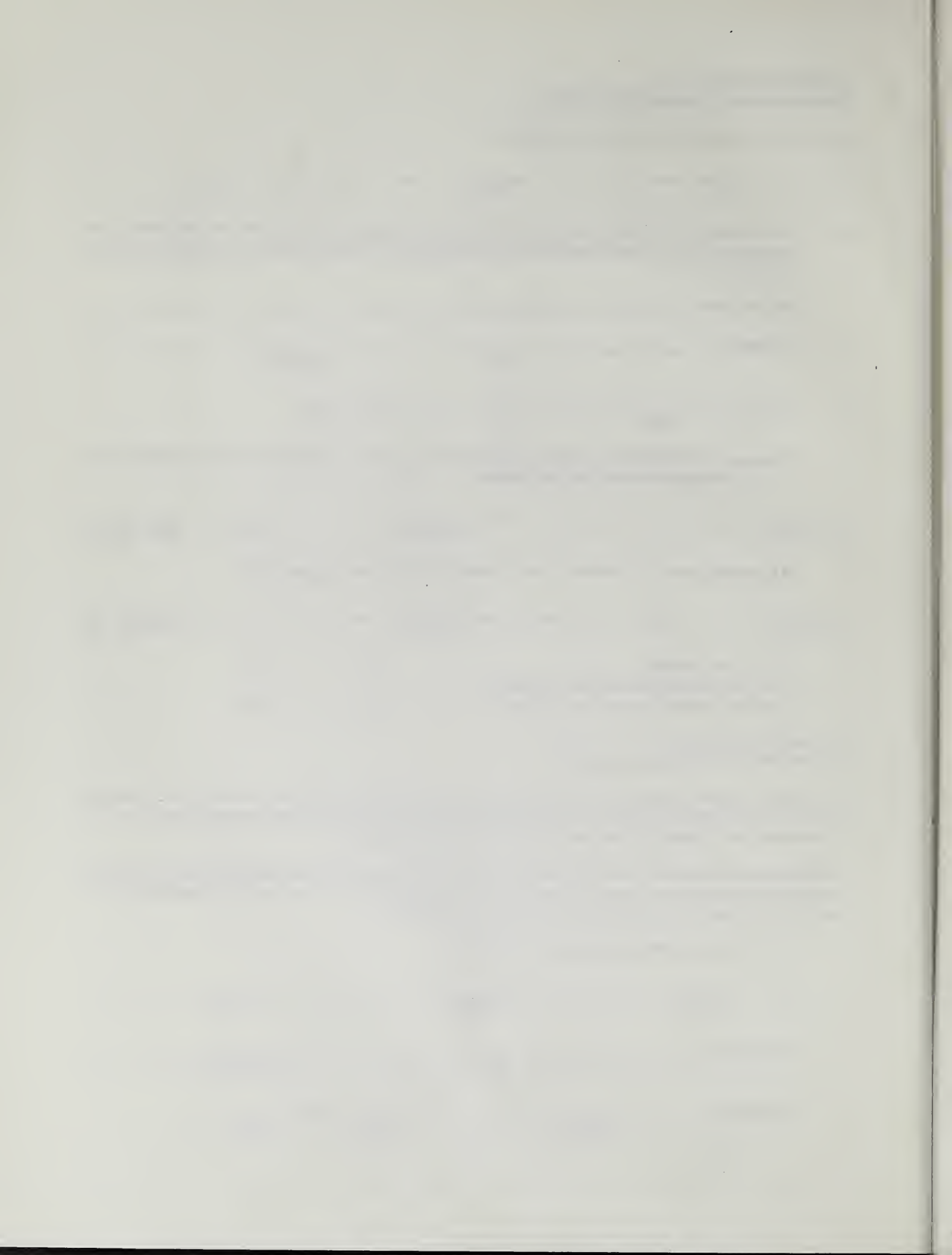
If the mother was unmarried at the time of birth or conception and wishes to include the father's name and other related information on the birth record, notarized statements must be completed by the mother and father before this can be done. In both of these cases, the city/town clerk will be able to assist you.

14. List the first, middle and last name currently used:

First	Middle	Last
-------	--------	------

15. Birthplace: _____
City State/Country

16. Birthdate: _____
Month Day Year



CONFIDENTIAL INFORMATION

The following information is confidential by state law. This part of the record is sent directly to the Department of Public Health. It is not available to the general public in any way which will identify you or your child. The information is used by public health officials to study health problems such as infant mortality, birth defects, and problems of pregnancy and delivery.

Information about the parents' background is used to help identify groups in the population which may be at higher risk for particular health problems. This information is used to determine if programs to reduce these problems have been effective and to develop new programs where necessary. By providing complete information on the birth record, you will be helping us in understanding health problems of the Massachusetts population.

The mother/father information should be provided by the parents of the child, and the health-related information should be provided jointly by the parents and the attendant.

MOTHER'S INFORMATION

23A. What was your occupation during the past year? _____

23B. Type of industry: _____

<i>Examples:</i>	<i>OCCUPATION</i>	<i>INDUSTRY</i>
	Homemaker	Own Home
	Student	College
	Teacher	High School
	Cashier	Supermarket

24A. Race--Please check one which you feel best describes your race.

1[] White 2[] Black 3[] Asian 4[] American Indian
5[] Other (specify): _____

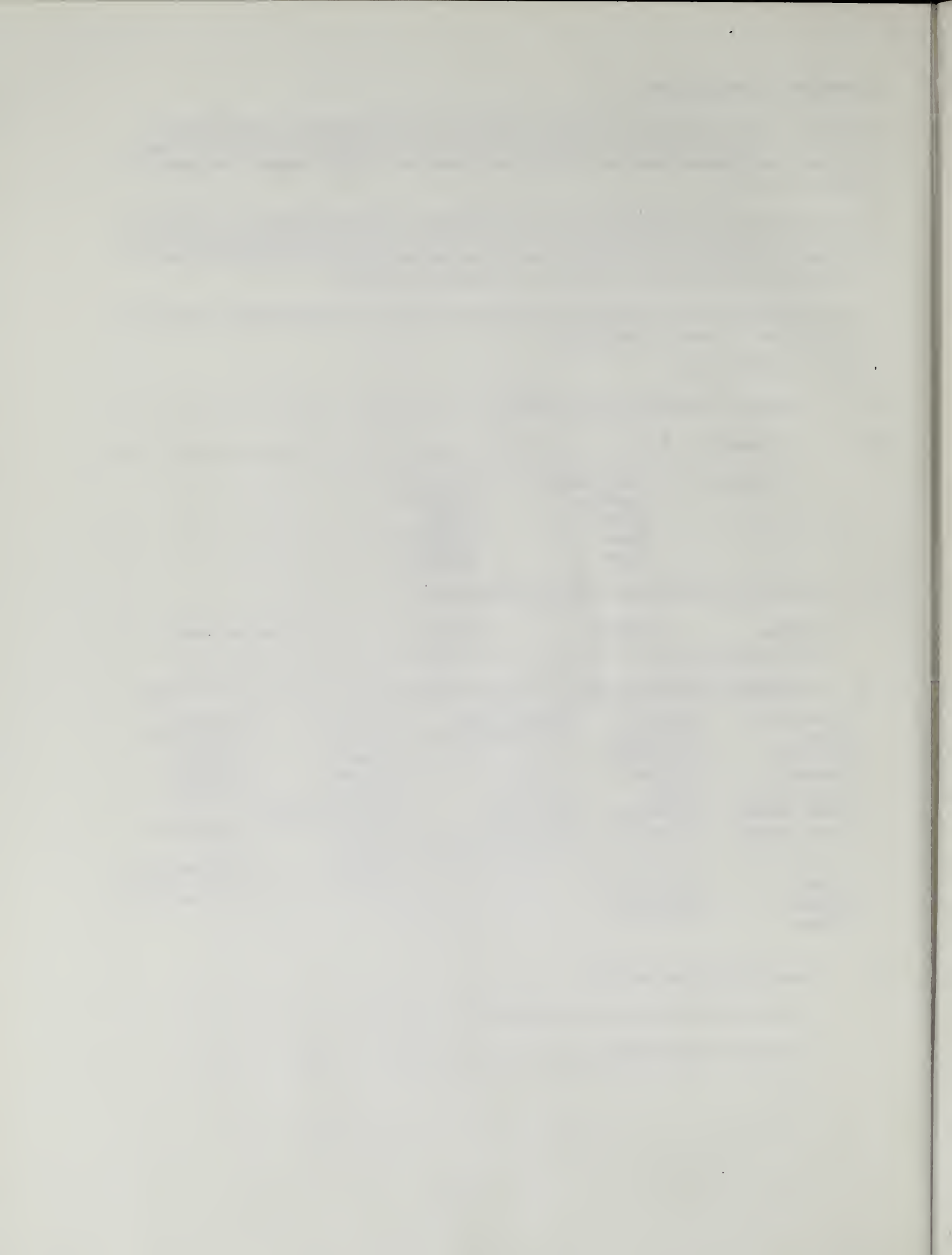
24B. Ancestry/Ethnicity--Please check one box which you feel best describes your ancestry or ethnic heritage:

1[] Puerto Rican	11[] Korean	20[] Cape Verdean	26[] Armenian	36[] Lebanese
2[] Cuban	12[] Vietnamese	21[] Other Portuguese: _____	27[] Austrian	37[] Lithuanian
3[] Dominican	13[] Cambodian		28[] English	38[] Polish
4[] Mexican	14[] Laotian		29[] Egyptian	39[] Russian
5[] Central American	15[] Thai	22[] Haitian	30[] French	40[] Scottish
6[] South American	16[] Hawaiian	23[] Jamaican	31[] French Canadian	
7[] Other Hispanic: _____	17[] Other Asian: _____	24[] Barbadian	32[] German	41[] American
		25[] Other West Indian: _____	33[] Greek	42[] Other (specify): _____
8[] Japanese	18[] Asian Indian		34[] Iranian	
9[] Chinese	19[] Pakistani		35[] Irish	
10[] Filipino				

25. Number of school years completed:

A. Elementary and Secondary--# years completed: _____

B. College--# Years Completed: _____



FATHER'S INFORMATION

The father's information may be included even if the father is not listed on the birth record.

26A. What was your occupation during the past year? _____

26B. Type of industry: _____

Examples:	OCCUPATION	INDUSTRY
	Homemaker	Own Home
	Student	College
	Teacher	High School
	Cashier	Supermarket

27A. Race--Please check one which you feel best describes your race.

1[] White 2[] Black 3[] Asian 4[] American Indian
5[] Other (specify): _____

27B. Ancestry/Ethnicity--Please check one box which you feel best describes your ancestry or ethnic heritage:

1[] Puerto Rican	11[] Korean	20[] Cape Verdean	26[] Armenian	36[] Lebanese
2[] Cuban	12[] Vietnamese	21[] Other Portuguese:	27[] Austrian	37[] Lithuanian
3[] Dominican	13[] Cambodian	_____	28[] English	38[] Polish
4[] Mexican	14[] Laotian	_____	29[] Egyptian	39[] Russian
5[] Central American	15[] Thai	22[] Haitian	30[] French	40[] Scottish
6[] South American	16[] Hawaiian	23[] Jamaican	31[] French Canadian	
7[] Other Hispanic:	17[] Other Asian:	24[] Barbadian	32[] German	41[] American
_____	_____	25[] Other West Indian:	33[] Greek	
		_____	34[] Iranian	42[] Other (specify):
8[] Japanese	18[] Asian Indian		35[] Irish	_____
9[] Chinese	19[] Pakistani			
10[] Filipino				

28. Number of school years completed:

A. Elementary and Secondary--# years completed: _____

B. College--# Years Completed: _____

PREGNANCY HISTORY

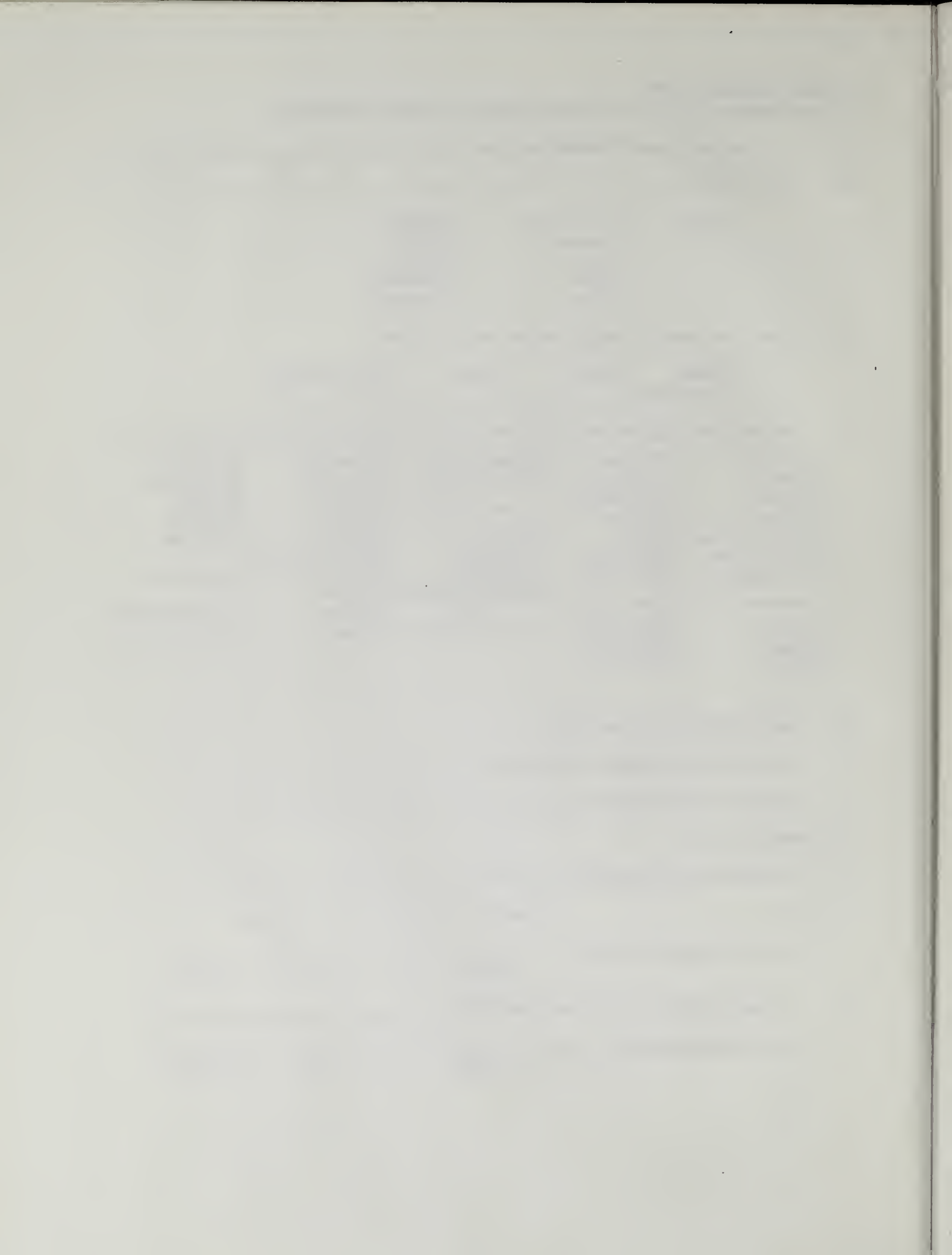
29 A. Number of previous live births, still living: _____

B. now dead: _____

C. Date of last previous live birth: _____ / _____ / _____
Month Day Year

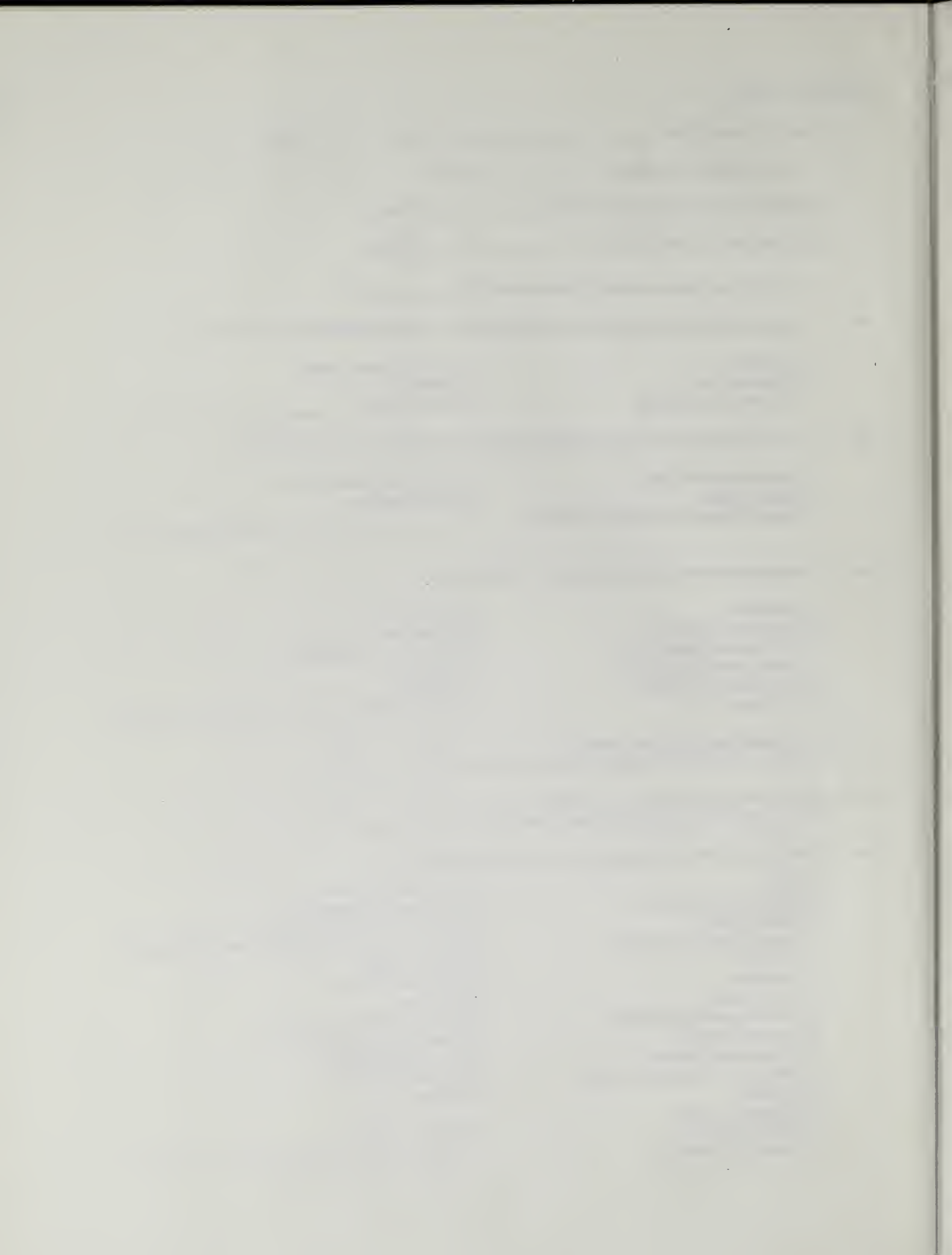
30. A. # prior induced and spontaneous terminations: _____

B. Date of last termination: _____ / _____ / _____
Month Day Year



PRENATAL CARE

- 31A. Date last menses began: _____ / _____ /198____
- 31B. Clinical estimate of gestation: # _____ weeks
32. Month of pregnancy prenatal care began: _____ []None
33. Total number of prenatal care visits: _____ []None
34. Total weight gained by mother during pregnancy: # _____ lbs.
- 35A. Type of practitioner from which the mother received most of her prenatal care: *Check one only.*
- | | |
|------------------------------|-----------------------------|
| 1[] Physician | 4[] Other Registered Nurse |
| 2[] Physician Asst. | 5[] Midwife |
| 3[] Certified Nurse Midwife | 6[] Other (specify): _____ |
- 35B. Type of location where mother received most of her prenatal care: *Check one box only.*
- | | |
|--|------------------------------|
| 1[] Private physician's office | 4[] Community Health Center |
| 2[] Hospital clinic | 5[] Other (specify): _____ |
| 3[] Health Maintenance Organization (HMO) | |
- 35C. Primary payment source for prenatal care: *Check only one.*
- | | |
|---|------------------------------|
| 1[] Blue Cross | 6[] Healthy Start |
| 2[] Commercial Insurance
(ex. Hancock, Aetna) | 7[] Other Govt. |
| 3[] Health Maintenance (HMO) | 8[] Workman's Compensation |
| 4[] Medicaid/Commonwealth | 9[] Self-Pay |
| 5[] Medicare | 10[] Free Care |
| | 11[] Other (specify): _____ |
- 36A. Was alcohol used during pregnancy? []Yes []No
If yes, on average how many drinks consumed weekly? _____
- 36B. Did the mother smoke during pregnancy? []Yes []No
If yes, on average how many cigarettes smoked daily? _____
- 36C. Medical risk factors for this pregnancy. *Check all that apply.*
- | | |
|---------------------------------------|--|
| 1[] AIDS | 16[] Psychiatric disorder |
| 2[] Anemia (hct<30/hgb.<10) | 17[] Previous fetal anomalies |
| 3[] Cardiac disease | 18[] Previous infant, 4000+ grams |
| 4[] Acute or chronic lung disease | 19[] Previous preterm or small-for-gestational age infant |
| 5[] Diabetes | 20[] Renal disease |
| 6[] Eclampsia | 21[] RH sensitization |
| 7[] Genital herpes | 22[] Rubella |
| 8[] Hydramnios/oligohydramnios | 23[] Seizure disorder |
| 9[] Hemoglobinopathy | 24[] Sexually transmitted disease |
| 10[] Hypertension, chronic | 25[] Sickle cell anemia |
| 11[] Hypertension, pregnancy related | 26[] Uterine bleeding |
| 12[] Hepatitis | 27[] None |
| 13[] Hepatitis b carrier | |
| 14[] Incompetent cervix | 28[] Other (specify): _____ |
| 15[] Lupus Erythematosus | |



LABOR AND DELIVERY

37. Method of Delivery. *Check only one.*

- | | |
|------------------------------------|-----------------------|
| 1[] Vaginal | 4[] Repeat C-section |
| 2[] Vaginal after prior C-section | 5[] Forceps |
| 3[] Primary C-section | 6[] Vacuum |

38. Complications of Labor and Delivery. *Check all that apply.*

- | | |
|--|--------------------------------------|
| 1[] Febrile (>100 degrees F.
or 38 degrees C.) | 10[] Prolonged labor
(>20 hours) |
| 2[] Meconium, moderate/heavy | 11[] Dysfunctional labor |
| 3[] Premature rupture of
membrane (>12 hours) | 12[] Breech/malpresentation |
| 4[] Prolonged rupture of
membrane (>24 hours) | 13[] Cephalopelvic disproportion |
| 5[] Abruptio placenta | 14[] Cord prolapse |
| 6[] Placenta previa | 15[] Anesthetic complications |
| 7[] Other excessive bleeding | 16[] Fetal distress |
| 8[] Seizures during labor | 17[] None |
| 9[] Precipitous labor
(<3 hours) | 18[] Other (specify):
_____ |

39. Obstetric Procedures -- These procedures should be checked if they were performed at any time during the pregnancy through the delivery process. *Check all that apply.*

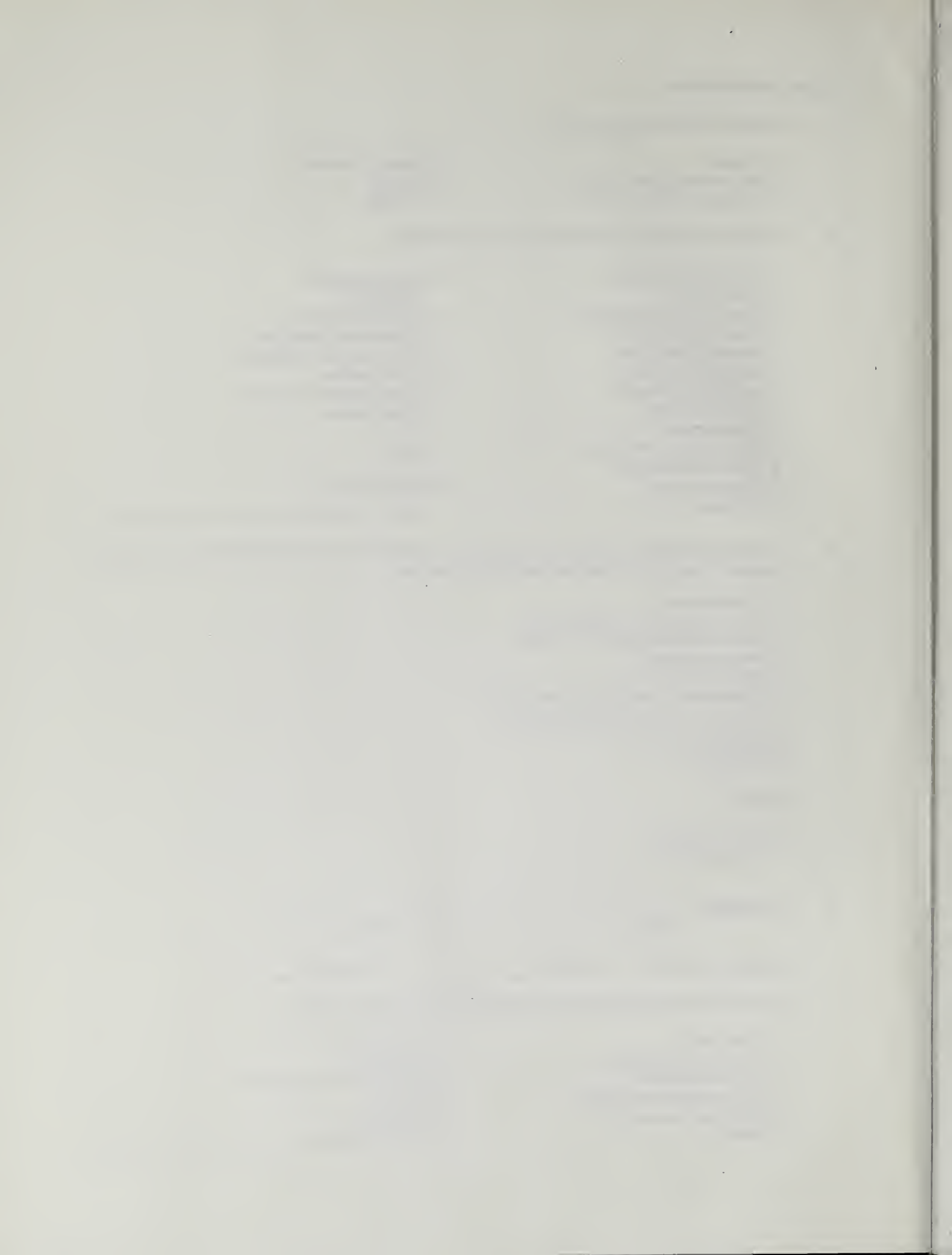
- 1[] Amniocentesis
2[] Electronic fetal monitoring (external)
3[] Electronic fetal monitoring (internal)
4[] Induction of labor
5[] Maternal urinary estriol
6[] Pharmacologic inhibition of labor (tocolysis)
7[] Steroid for neonatal pulmonary maturity
8[] Stimulation of labor
9[] Ultrasound
10[] None
11[] Other (specify):

40. Birthweight: _____ Lbs. _____ Oz. or _____ Grams

41. Apgar Score (0-10): A. 1 minute: _____ ; B. 5 minutes: _____

42. What is the expected method of payment for the delivery? *Check only one.*

- | | |
|---|------------------------------|
| 1[] Blue Cross | 6[] Healthy Start |
| 2[] Commercial Insurance
(ex. Hancock, Aetna) | 7[] Other Govt. |
| 3[] Health Maintenance (HMO) | 8[] Workman's Compensation |
| 4[] Medicaid/Commonhealth | 9[] Self-Pay |
| 5[] Medicare | 10[] Free Care |
| | 11[] Other (specify): _____ |



44. Congenital Anomalies. Check all that apply.

- 1[] Anencephalus
2[] Spina bifida/meningocele
3[] Hydrocephalus
4[] Microcephalus
5[] Other central nervous system anomalies
(specify): _____

6[] Patent ductus arteriosus
7[] Other heart malformations
8[] Other circulatory/respiratory anomalies
(specify): _____

9[] Rectal atresia/stenosis
10[] Tracheo-esophageal fistula/esophageal atresia
11[] Omphalocele/gastroschisis
12[] Other gastrointestinal anomalies
(specify): _____

13[] Hypospadias
14[] Malformed genitals
15[] Renal agenesis

- 16[] Other urogenital anomalies
(specify): _____

17[] Cleft lip
18[] Cleft palate
19[] Congenital dislocation of hip
20[] Polydactyly/syndactyly/adactyly
21[] Club foot
22[] Diaphragmatic hernia
23[] Other musculoskeletal/integumental anomalies
(specify): _____

24[] Down's syndrome
25[] Other chromosomal anomalies
(specify): _____

26[] None

27[] Other
(specify): _____

45. Abnormal Conditions of the Newborn. Check all that apply.

- 1[] Acidosis
2[] Anemia (Hct. <39/Hgb.<13)
3[] Assisted Ventilation <30 min.
4[] Assisted Ventilation >30 min.
5[] Cyanosis
6[] Erb's Palsy
7[] Fetal alcohol syndrome
8[] Hyaline membrane disease/RDS
9[] Hypotonia
10[] Hypoxia

- 11[] Intracranial hemorrhage
12[] Jaundice (Bilirubin >10)
13[] Meconium aspiration syndrome
14[] Seizures
15[] Tachypnea

16[] None

17[] Other
(specify): _____

46. At time of this report, child is: [] Living [] Dead
47. Is mother now breastfeeding? [] Yes [] No
48. Clerk, type: NO
49. Was the baby transferred to a hospital after delivery? [] Yes [] No
If yes, specify name of hospital to which the infant was transferred:

Worksheet completed by: _____

Relationship to child: _____
(List more than one, if applicable.)

